

COLLABORATION STRATEGIES

This section was developed based on the input of over 100 stakeholders statewide representing families and staff from Early Intervention, Early Head Start, Head Start, and local school district early childhood programs. These stakeholders generated issues which commonly pose challenges to them related to local implementation of the twelve (12) Collaboration Areas identified in the state level interagency agreement. They then brainstormed strategies that they have found to be effective locally in addressing these issues.

Given the context in which these strategies were generated, the reader is asked to consider the following in using this section:

1. While comprehensive, this listing is not exhaustive either in the issues identified or in the strategies suggested for each issue. It is hoped that ideas presented here will stimulate communities to develop additional effective and locally relevant practices.
1. This material will be most beneficial if local communities will adapt suggested strategies to their local contexts.
1. These strategies reflect collaboration at various “developmental levels” in communities, from activities typical of communities that are at the beginning stages of collaboration to those which are highly collaborative.
1. Strategies reflect various levels of compliance with legal mandates. That is, some may reflect minimum compliance with mandates of one or more agencies and others more comprehensive compliance. For specific mandates, the reader is referred to another section in this TA Guide entitled, Summary of Key Legal Requirements of the Participating Agencies. Some strategies do not address compliance at all, but rather suggest alternatives found to be effective in addressing issues of agencies and / or the needs of the children and families they serve. As a result of the varied nature of these strategies, the state and regional agencies representing Early Intervention, Early Head Start, Head Start, and local school districts do not officially “endorse” these strategies but, rather, provide them to communities to consider in light of their respective legal mandates and local contexts.

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Collaboration Area: Family involvement

This area describes options and resources for family involvement in general. For family involvement in specific aspects of agency/interagency programs, see family involvement options and resources embedded under other collaboration areas.

Issue	Collaboration Strategy
1. Family Training and Support	<p>1.1 Link with an agency that has a strong family support program (see also section on Resources in this TA Guide).</p> <ul style="list-style-type: none"> • <i>University Affiliated Program (UAP)</i> has information on resources available to parents available in written and video form as well as in various languages. • <i>Parent Support Network (PSN) of Rhode Island</i> - 467-6855 and 1-800-483-8844 is a statewide organization of families supporting families with children and youth who are at risk or have behavioral or emotional challenges, having consideration for their background and values. They provide support groups, telephone support, educational events, one-to-one help with advocacy and/or literature concerning education, mental health, parenting a child with special emotional or behavioral need, juvenile justice, substance abuse case support. Meetings are held in various areas throughout the state. • <i>Child Care Support Network (CCSN)</i> - 438-9500 - located at Meeting Street Center in East Providence is a comprehensive support system providing on-site training and access to resources for members of the child care community in the Metropolitan Region. Collaborating agencies include the CHILDSPAN, the RI Department of Health, the RI Department of Human Services, the RI Department of Education, the Department for Children Youth and Families, and the RI Parent Information Network. CCSN assists child care providers in meeting their goal of providing quality child care for children with a wide variety of needs. It works with providers and parents to identify areas of need as well as planning and implementing strategies for goal achievement. The parent component is an integral part of this project and consultation in this area is usually provided through parent to parent support, modeling of parent professional collaboration and workshops. • <i>Riarc</i> provides support to families of individuals with disabilities in each region and town. • <i>United Cerebral Palsy (UCP)</i> of RI - 941-9377- provides respite, adult education, advocacy, information are referral, supported living, Housing - Cara Estates, and Tech Tots (a lending library of adapted toys). • <i>RI Parent Information Network (RIPIN)</i> - 727-4144 - provides information, referral, support, and education for families of children with and without disabilities and to professionals who work with these children and their families.

Collaboration Area: Family involvement continued

Issue	Collaboration Strategy
1. Family Support Program - continued	<ul style="list-style-type: none"> • <i>Home Visiting and Risk Response</i> provides home visits to families identified to have newborns at risk for developmental delays from newborn screenings, physicians or self referrals. Contact the Department of Health: statewide except for Newport - 737-6050; Newport - 682-2100 • <i>Diploma Plus and GED programs</i> are offered statewide through COZs and Head Start • <i>Library's Family Place</i> playgroup for children 18 months - 2 years for 6 weeks. Each week, different experts talk with parents. Library has a wealth of information re: March of Dimes, Lifespan, Parental Assistance Center, Early Intervention, Visiting Nurses. Contact your local library. • <i>UCP Tech Tots</i> (lending library of adapted toys) is a resource - 941-9377 ext. 13. Link with this resource or establish a local lending library with toys, books and adaptive switches. • <i>Parents as Partners</i> and <i>Parents as Teachers</i> programs can be valuable resources for family support. • <i>Special education advisory committees</i> are local resources for family support. <p>1.2 Provide or link families to resources for training. In addition to the resources listed above, training considerations are:</p> <ul style="list-style-type: none"> • Collaborate on training for families on topics of high interest, e.g., techniques to help children develop behavioral self-control. Children Adolescent Service System Program (CASSP) and PSN are good resources. • Involve families in the design and delivery of training for both families and professionals.
2. Options for Communicating with Families, including those with special circumstances	<p>2.1 Provide information to parents in written and video form as well as in various languages.</p> <p>2.2 Seek family input on strategies they consider to be effective for communicating with them.</p> <p>2.3 Use a variety of strategies for families that have no phone:</p> <ul style="list-style-type: none"> • Conduct home visits. • Mail letter or use registered mail to contact family.

Collaboration Area: Family involvement continued

Issue	Collaboration Strategy
2. Options for Communicating with Families - continued	<ul style="list-style-type: none"> • Connect them to Lifeline when families have had their phones disconnected and they are Rite Care eligible. Lifeline can make it possible for them to be able to use their phones for outgoing toll free numbers (e.g., 1-800, 1-888). Many agencies and other services have toll free numbers. • Contact the source that referred the family to you, especially if they have home-based services (if permissible under your program rules). This is helpful when you lose contact with a family or have difficulty reaching families with no phone. • Contact the family through another agency you know to be serving the child/family, especially if they have home-based services and IF you have parent consent or it is otherwise permissible under your program rules. <p>2.4 Provide alternatives for families where the parent(s) has a disability or suspected disability or is educationally-challenged.</p> <ul style="list-style-type: none"> • Provide intensive direct services through multiple agencies to the parent in the home as part of an interagency plan (all parties sign the agreement). • Ensure that all meeting places and service settings are accessible. • Provide staff training on this issue. • Modify policies to assist and support individual needs identified or suspected. • Secure transportation for services. • Help the family access a Department of Human Services family worker to assist challenged families and provide support. <p>2.5 Develop strategies to support families whose primary language is not English.</p> <ul style="list-style-type: none"> • Obtain interpreters from PSN, which provides family assistance in advocacy. They provide training in Spanish/Hmong on a daily basis and cultural sensitivity training. • Access other resources for interpreters: International Institute; Language Bank; Ocean State Center for Independent Living; Autism Society of RI

Collaboration Area: Child Outreach/Child Find, screening, referrals, and evaluations

Issue	Collaboration Strategy
<p><u>Child Outreach/Child Find</u></p> <p>1. Informing families and the public of the developmental screening available through Child Outreach</p>	<p>1.1 Have the community outreach staff person provide information to new parents through home visiting and gift bags.</p> <p>1.2 Conduct younger sibling search through school district students' registration forms with follow-up contact.</p> <p>1.3 Use public awareness materials (written and video) in English and other primary languages in the community describing the various early childhood services, i.e., an interagency brochure or video, an interagency packet of materials from the respective programs to be placed in key locations (i.e., physicians' offices, hospitals, YMCA, library, etc.)</p>
<p>2. Enhancing physicians' knowledge of the referral process and evaluation services offered through school districts at age 3</p>	<p>2.1 Meet with physicians at their convenience. Options include meeting with hospitals' pediatric group, with the local medical association, etc. Be sensitive to their time limitations and be prepared to discuss with them succinctly potential issues of collaboration (e.g., the referral process, evaluation services, eligibility, and services available through early care and education agencies). Bring succinct written information which you can leave with them.</p> <p>2.2 Develop a "prescription pad" referral form and provide to all physicians.</p> <p>2.2 Send Child Outreach brochures in all languages along with a cover letter describing services and asking that they display these in medical offices.</p>
<p>3. Assisting families and other community partners in gaining greater understanding of the referral process</p>	<p>3.1 Develop a Community Awareness Letter to make parents/Early Childhood partners aware of their rights to refer child directly to the Multidisciplinary Team (MDT) if they have concerns.</p> <p>3.2 Train teachers in how to write a referral that will be readily accepted by MDT.</p> <p>3.3 Write referral with parent through parent interview process.</p> <p>3.4 Provide a refresher mini-course in normal child development offered to parents and Early Childhood partners.</p>
<p>4. Correlating Child Outreach results and observations of child in home or school setting</p>	<p>1.1 Observe the child in setting and use of developmental checklists.</p>

Collaboration Area: Child Outreach/Child Find, screening, referrals, and evaluations continued

Issue	Collaboration Strategy
<p><u>Screening</u></p> <p>5. Head Start / local school district collaboration</p>	<p>5.1 Consider a variety of options for screening. Examples include the following:</p> <ul style="list-style-type: none"> • Conduct joint screenings by Head Start and the local school district. • Have training for screenings provided by the district and then Head Start conducts the screening. Schools then do rescreening if needed. <p>If an agency cannot comply with mandated local school district timelines:</p> <ul style="list-style-type: none"> • Contract with a community agency that can. • Have one community agency conduct all the screenings one year and another community agency the next year. <p>5.2 Have Head Start transport children for screening at other sites in the community.</p> <p>5.3 Have the Child Outreach Coordinator, Special Needs Coordinator, teachers and home visitor discuss results on each child at a meeting designated for this purpose.</p> <p>5.4 Provide a summary of screening results to the teacher or home visitor (in addition to Head Start main file).</p>
<p>6. Early identification of children with behavioral and / or mental health needs</p>	<p>6.1 Use the Early Childhood Behavioral Specialist in the school district to serve community sites when children have been determined eligible for school services.</p> <p>6.2 Collaborate with community mental health care centers.</p> <p>6.3 Collaborate with the CASSP interagency review committee.</p> <p>6.4 Use a Mental health consultant, e.g., have them visit the classroom, make observation, recommend adjustment in the classroom, make suggestions for family support including forging personal relationship through home visits.</p> <p>6.5 Have the school district provide training to community agencies related to legally mandates for schools associated with the identification, evaluation and services to children with behavioral disorders.</p> <p>6.6 Have the Child Outreach Program use a formalized behavioral screening instrument, e.g., The Preschool Behavior Questionnaire, to be completed by teacher and/or parent. Behavior in the classroom setting needs to be well-documented as well.</p>

Collaboration Area: Child Outreach/Child Find, screening, referrals, and evaluations continued

Issue	Collaboration Strategy
<u>Evaluations</u> 7. Transporting children for evaluations	7.1 Have the school district transport the child to and from the evaluation if parents are unable to do so. School districts are required to do this. 7.2 Have the school district go directly to evaluate students in the home setting or community program in which they are being served. 7.3 For children enrolled in Head Start, use one of their workers who may be able to transport parents and children for evaluations. 7.4 Access Medicaid or RITE Care for transportation to hospital-based evaluations (i.e., Child Development Center [CDC]).

Collaboration Area: Service eligibility

Issue	Collaboration Strategy
<p>1. Addressing discrepancies in eligibility criteria across agencies</p>	<p>1.1 Refer <u>all children</u> who have been served by EI to the school district even if they have been exited by EI. The school district thereby has access to the child and family through which review and observations of current services can take place (i.e., Child Outreach screening and information sharing in terms of child care programs, community resources, etc.).</p> <p>1.2 Provide the names of children on the Head Start waiting list or whose families were above income guidelines to the school district with parent consent so that the school district has access to the family and child through which review and observations of current services.</p> <p>1.3 Develop cooperative service delivery solutions as an interagency strategy, e.g., scholarships to private nursery schools, services in integrated school district pre-schools, enrollment as “community students” in Head Start Program (within the 10% allowed for over-income children).</p> <p>1.4 Have the school district write a letter which can be provided to parents who have applied but may be over-income or wait-listed for the Head Start Program. This will direct them to a school district contact who might assist them further, i.e., Child Outreach screening, community placements and programs, etc.</p> <p>1.5 Review requirements of the respective agencies to make sure the various agencies are clear on similarities and differences. Sometimes the differences can be an advantage, i.e., make possible a greater array of services. Where the differences provide barriers, brainstorm strategies to resolve on an interagency basis.</p>

Collaboration Area: Primary and related services delivery in settings, to maximum extent possible, in natural settings typical for age of child and which educate children with disabilities along with children without disabilities

Issue	Collaboration Strategy
1. Services in inclusive, natural, least restrictive settings	<p>1.1 Have Early Intervention and school district staff go directly to evaluate children in natural settings in community programs such as child care, Early Head Start or Head Start. Develop a schedule to allow these staff to observe, conduct evaluations and consult with program staff and families as appropriate.</p> <p>1.2 Consider use of the Early Intervention service setting when the child and family transition from Early Intervention to preschool services, given Early Intervention uses natural settings. If the setting is located in the same community where the child resides and the child is eligible for preschool services, the MDT may determine through the Individualized Education Program (IEP) process that it is appropriate for special education and related services to continue in this setting. This will enable the child to continue services in their existing child care and related settings.</p> <p>1.3 Assign Early Intervention and school district staff to work in a community program as their full day assignment and/or providing itinerant services to that site. Services may include education and/or related services using either a consultation or direct service model.</p> <p>1.4 Have the school district provide inclusive preschool services by enrolling children with disabilities in a preschool program for children without disabilities either in programs which they (the school district) operate or in early care and education programs within their community. For an integrated preschool within an elementary school, tuition for children without disabilities may be charged to help with costs.</p> <p>1.5 Use service provider logs between the teacher and the service provider to share planning and implementation goals. Build in consultation time between general education teacher in early care and educational setting and on-site special education service provider. For example, meet monthly for consultation, hold quarterly IEP reviews.</p> <p>1.6 Use dual placements when appropriate for the child. That is, have the child enrolled in two programs. For example, a child attends one program in the AM and another program in the PM. Or, the child is in one program part of the week and in the other program part of the week. In dual enrollment situations, it is essential for programs to collaborate on all programmatic aspects, especially family involvement.</p> <p>1.7 House preschool programs for children with disabilities within elementary schools. For preschool programs that are self-contained, provide opportunities for interactions with typically developing children.</p> <p>1.8 Co-locate programs (e.g., location of a Head Start or early care and education program within a school district setting or preschool special education class within an early care and education program).</p>

Collaboration Area: Primary and related services delivery in settings, to maximum extent possible, in natural settings typical for age of child and which educate children with disabilities along with children without disabilities - continued

Issue	Collaboration Strategy
1. Services in inclusive, natural, least restrictive settings - continued	<p>1.9 Include the parent as a full partner in placement determination through the IEP process as they are required by law to be members of the IEP team. Many times with advocacy support, the parent can facilitate discussion about a range of placement options which include inclusive, natural, least restrictive environments.</p> <p>1.10 If Head Start or child care is not available in a particular community, contract out special education services to a Head Start or child care site that is located in another community, but that serve children from more than one community.</p>
2. Transportation to services for both children and families	<p>2.1 Provide school district transportation to and from all special education and related services, including evaluation, provided by or through the school district (whether based in the schools or in community settings, provided that setting is located within the district).</p> <p>2.2 Use Head Start workers who may be able to transport the parent and child for an evaluation.</p>
3. Program quality and continuity in all settings, e.g., Early Intervention, child care, school district and Head Start	<p>3.1 Conduct joint staff training, on-site in the community or through regional or state level conferences.</p> <p>3.2 Arrange for cross program visitation by staff in respective programs.</p> <p>3.3 Establish an interagency curriculum continuity committee.</p> <p>3.4 Have school district and community partners participate jointly in training and technical assistance such as that provided by the Keys to Quality Accreditation Project sponsored by the RI Department of Education which assists participants in pursuing accreditation through the National Association for the Education of Young Children.</p> <p>3.5 In the Metropolitan Region, access the Child Care Support Network (CCSN) for individual on-site training and technical assistance to early care and education programs serving Early Intervention children and families, and preschool children with and without disabilities.</p> <p>3.6 Have the school district include community-based programs in their professional development workshops and open forum meetings to local private community preschools.</p> <p>3.7 Have the school district train Head Start staff in screening and act as technical support person to staff at Head Start for questions pertaining to screening, referrals, evaluations, and behavioral issues.</p>

Collaboration Area: Primary and related services delivery in settings, to maximum extent possible, in natural settings typical for age of child and which educate children with disabilities along with children without disabilities - continued

Issue	Collaboration Strategy
4. Use of home-based services	<p>4.1 Provide delivers in-home services to identified children through Early Intervention, Head Start and school district as appropriate.</p> <p>4.2 In some districts and community programs, special needs children attend sessions 4 days a week; on the 5th day, on a rotating schedule, teachers and / or related services staff visit homes.</p> <p>4.3 Have school district preschool special education teachers make monthly home visits on a rotating basis, using substitutes to free up teachers.</p>
5. Collaboration of services for children ages Birth to 3.	<p>5.1 There is collaboration between Visiting Nurses Association and Early Intervention along with private preschools.</p> <p>5.2 Promote collaboration between Early Head Start (where available) and Early Intervention (this is legally required).</p>
6. Services for young children with behavioral / mental health needs	<p>6.1 As another option to school psychologists, use psychology interns to assist with behavior interventions at community and school district sites.</p> <p>6.2 Collaborate with community mental health centers.</p> <p>6.3 Collaborate among agencies on providing trainings with staff and parents about children with behavioral challenges.</p>
7. Services for children ages Birth to 3 and their families.	<p>7.1 Use services available through Early Intervention.</p> <p>7.2 Access the PSN and the CASSP program.</p> <p>7.3 Use services through Early Head Start, where available.</p>
8. Services for children at age 3, both as inclusive options for children with disabilities and for those who do not meet eligibility for pre-school special education, i.e., Head Start can't usually serve 3 year olds coming out of Early Intervention due to their emphasis on 4 year olds.	<p>8.1 Link to families to services such as Child Opportunity Zone (COZ)/Family Centers, the Parents as Teachers Program, the Home Instruction Program for Preschool Youngsters (HIPPY) Program, etc.</p> <p>8.2 Utilize child care.</p>

Collaboration Area: Primary and related services delivery in settings, to maximum extent possible, in natural settings typical for age of child and which educate children with disabilities along with children without disabilities - continued

Issue	Collaboration Strategy
9. Structuring curriculum to address behavior management	<p>9.1 Use professional development opportunities.</p> <p>9.2 Use psychology interns and special education consultants working with community sites and district sites to help implement modifications based on needs.</p>
10. Management and travel issues for itinerant services	<p>10.1 Hire specialists directly assigned to private settings to avoid loss of travel time and costs, sharing the cost of specialists if feasible across agencies.</p>
11. Use of in-class models for physical therapy, occupational therapy and speech language pathology services	<p>11.1 Provide training and develop strategies for use of the transdisciplinary service model</p> <p>11.2 Observe other community programs that use a collaborative inclusion model for related services.</p>
12. Use of community partners for school district services across town lines	<p>12.1 Negotiate with a community partner to locate a satellite program at a school district site.</p>
13. Addressing union issues in placing school district staff in community settings	<p>13.1 Negotiate with the community partner to locate a satellite program at a school district site.</p> <p>13.2 Provide inclusive preschool services in-district by enrolling children with disabilities in a preschool program for children without disabilities either in programs which they (the school district) operate. Tuition for children without disabilities may be charged to help with costs.</p> <p>13.3 Have union representatives meet with and/or visit other communities where this is working effectively.</p>

Collaboration Area: Individual program planning

Issue	Collaboration Strategy
1. Coordinating referrals and developing IEPs between Head Start and school districts	<p>1.1 Develop written local agreements between programs which identify specific roles and responsibilities of each agency addressing the needs associated with the referral process and the development of IEPs.</p> <p>1.2 Identify a primary contact person or liaison within each agency who functions as a service coordinator.</p> <p>1.3 Develop a schedule of ongoing meetings between the local Child Outreach Coordinator and the Head Start Disability Coordinator for the purpose of reviewing referrals or potential referrals.</p> <p>1.4 Conduct IEP meetings at Head Start to better enable Head Start staff to attend the meetings.</p> <p>1.5 Provide special education and related services on-site in order to insure greater continuity between services and program.</p>
2. Enhancing family involvement in programs and the IEP process	<p>2.1 Provide families with training and information on advocacy and how to be active participants in their child's program.</p> <p>2.2 Link families to resources for parent training and support, such as the local Special Education Advisory Committee within the school district, RIPIN, Early Intervention parent consultants, or Head Start family service coordinators.</p> <p>2.3 Have agencies plan joint meetings for families.</p> <p>2.4 Conduct a family needs and interests survey.</p>
3. Making the IEP process family-friendly	<p>3.1 Collaborate between and among agencies on developing and using practices that will better support families during the IEP process and that foster mutual respect.</p> <p>3.2 Work with the district's Special Education Advisory Committee to address this issue.</p> <p>3.3 Establish a parent-professional task force to address this issue.</p>

Collaboration Area: Transition

Issue	Collaboration Strategy
1. Coordinating transition procedures and timelines	<p>1.1 Establish an interagency committee as a vehicle for coordinating transition activities and other collaborations as well. Members of this committee may include representatives of the school district, child care, Early Intervention , Head Start, families and others as appropriate. Committees seem most effective when they have a routine schedule for meeting.</p> <p>1.2 Develop interagency procedures and timelines to assure transition of children by age 3 to the school district so that transition are well in place/planned for before age 3 (rather than last minute). Transition procedures and timelines can be developed for other “transitions”, e.g., out of school district preschool and into kindergarten, out of child care or Head Start and into school district preschool or kindergarten or first grade, etc.</p> <p>1.3 Establish one contact in each agency for transition (on a system basis – or on a child basis, e.g., using the case manager). This helps prevent confusion for staff and families re: whom they should contact related to transition. It is also this person who may serve on the interagency committee suggested above. In this way, the “transition contacts” from each agency use the committee to coordinate and improve transition procedures and to enhance positive working relationships among the staff who have primary roles re: transition in each of the agencies.</p> <p>1.4 For children transitioning at age 3, establish one transition meeting/process between all agencies at age 2 and a half to 3 to take care of all needs of children</p> <p>1.5 Establish procedures for transition out of Head Start and into school district kindergarten, e.g., using staff-to-staff meetings for <u>ALL</u> children transition from Head Start to kindergarten (children with and without special needs).</p> <p>1.6 Negotiate a common form between Early Intervention and WIC have a common form sent to doctors for health information that is updated annually and can be used for transition to school districts.</p>
2. Transition forms developed and used on a collaborative basis	<p>2.1 Develop a standard form for transition from one program to another, e.g., from Early Intervention to school district, from Head Start to school district, from Early Intervention to Head Start or child care (for children not eligible for school district special education services)</p> <p>2.2 Use a common form to help parents prepare for the IEP.</p> <p>2.3 Use a form to document the EIP transition meeting.</p>

Collaboration Area: Transition continued

Issue	Collaboration Strategy
3. Evaluations at the time of transitions, e.g., into and out of preschool services	<p>3.1 Use interagency meetings to establish procedures for not duplicating evaluations between sending and receiving agencies during transition. Information should be updated, if needed, on a child-by-child basis.</p> <p>3.2 Provide a packet that goes to the child's home school with a "Kindergarten checklist", preschool program summary, family profile and health summary.</p> <p>3.3 Have receiving program staff evaluate or observe children in the sending agency service setting.</p>
4. Helping children prepare for transition	<p>4.1 Use an inclusion preschool class into which Early Intervention children are transitioned.</p> <p>4.2 Use a curriculum to get children ready for school-related behaviors.</p> <p>4.3 Establish an interagency committee to establish curriculum benchmarks to facilitate program continuity among programs.</p> <p>4.4 As the child is transitioning, put together a packet of information of child work samples and other information to augment information in the official record of referral information so that the receiving teacher will have programmatic information that will assist him/her in planning curriculum activities that will afford the child program continuity as they transition.</p> <p>4.4 Organize a children's field trip to the receiving program prior to transition. If appropriate, use this field trip as an opportunity for screening activities or for parents to register for the program (or a combination of both).</p> <p>4.5 Have school host library hours in the school district library for any child that may be going to attend that particular elementary for several weeks. Children attending these library hours are ultimately paired with a kindergarten class for a snack, field trip and ride on a school bus.</p>
5. Helping families prepare for transition	<p>5.1 Refer the parent to the school district Special Education Advisory Committee or other organization that would be helpful in transitioning.</p> <p>5.2 Provide or access consultation and training for parents preparing families preparing for transition. This can be done by (a) the sending agency, (b) sending and receiving agency staff as training "partners", (c) an outside agency, e.g., RIPIN. In conducting parent training, include parents who have been through the process to share their experiences.</p> <p>5.3 Provide training to the service coordinator and parents about expectations, particularly with illiterate or non-English speaking.</p>

Collaboration Area: Transition continued

Issue	Collaboration Strategy
<p>5. Helping families prepare for transition – continued</p>	<p>5.4 Link parents to other parents who have been through the transition process, either informally or through a more formal “buddy” system.</p> <p>5.5 Provide written information for families on the transition process and the program into which they are transitioning, i.e., specific information about the transitions from Early Intervention, Head Start, child care, school district special education preschool programs and kindergartens</p> <p>5.6 Let parents visit service options in advance of transition planning.</p> <p>5.7 Develop local videos for families on the transition process and the array of program options into which any child may transition (particularly for families who cannot read or visit program options due to work or child care schedules or newness to the community). These can be made available as videos or through the local public access channel.</p> <p>5.8 Develop a transition packet or handbook for parents.</p> <p>5.9 Have receiving agency staff meet with the parent ahead of time to help them prepare for the transition so that they can have a “personal” contact in “the system” and access information they need.</p> <p>5.10 Have one person, e.g., a service coordinator from Early Intervention, available throughout the transition process including into preschool services to provide continuity of people for the family.</p>
<p>6. Difference in philosophies between Early Intervention and school districts.</p>	<p>6.1 Link families to other agencies that can provide services that have previously been provided through the sending agency that may not be available in the receiving agency.</p> <p>6.2 Make efforts to change parental perception of education/special education so that they will see these services are more family friendly, particularly if they went through the system themselves and had negative experiences as students.</p>
<p>7. Administrative and line staff having knowledge and skills needed for their roles in transition including support to families and interactions with other agencies</p>	<p>7.1 Use joint staff training as a way to assure that all staff in all agencies have the same information as well as a way to help staff get to know each other, building positive relationships that will be beneficial during transition.</p> <p>7.2 Establish and distribute written interagency transition guidelines and forms so that all staff in all agencies are following the same procedures.</p> <p>7.3 Set up cross program visitation for staff so that they will be familiar with the settings from which children and families come and into which they will be transitioning.</p> <p>7.4 Make available to staff information that they can give to parents to help them in transition, e.g., explanation of the transition process, information on resources and services that can support families in transition or substitute for services previously provided by the sending agency but which will not be available in the receiving agency.</p>

Collaboration Area: **Resource sharing** including, but not be limited to, facilities, materials and equipment, collaborative services, screening, etc.

Issue	Collaboration Strategy
1. Establishing an interagency structure and communication	<p>1.1 Make a priority establishing good rapport, mutual respect and regular communication on an interagency basis among administrators and program staff.</p> <p>1.2 Develop a joint vision and mission statement with agencies having compatible philosophies as this strengthens interagency efforts by underscoring their mutual commitment to working with children and families.</p> <p>1.3 Conduct regularly-scheduled meetings as a means for people to meet face-to-face and build positive personal relationships as well as effectively pursuing interagency issues.</p> <p>1.4 Negotiate a written interagency agreement to create the framework for interagency work.</p> <p>1.5 Establish agreement on procedures for addressing collaboration areas on an informal basis as well as a formal basis (e.g., written agreement). Sometimes, it is easier to “field test” informal agreements prior to adoption formally. Also, it may be helpful to address procedures that are likely to change frequently on a broad basis formally, leaving details to informal procedures (e.g., articulating through joint agency timelines or a common form that will be used for a particular purpose)</p> <p>1.6 Conduct joint “care reviews” of families in a community to determine most appropriate service providers.</p>
2. Facilities	<p>2.1 Have the school district place children in Head Start or child care programs as a site at which they will receive special education and related services addresses the issue of providing services in natural environments.</p> <p>2.2 Use school district space for local Head Start programs allows for inclusive education.</p>
3. Fiscal resources	<p>3.1 Share resources among Head Start, Early Intervention and school district. This minimizes duplication. This sharing need not necessarily involve the “exchange of funds” but rather the joint utilization of services.</p> <p>3.2 Pool monies across agencies for resource sharing and training among Early Intervention, Head Start and Individuals with Disabilities Education Act (IDEA), Part C and IDEA, Part B is possible with no federal complications, assuming the expenditure is for an allowable cost.</p> <p>3.3 Use school funds through Improving America’s Schools Act (IASA) early childhood investment funds for early childhood activities, e.g., Parents as Teachers program, program improvements, training, personnel needs, space issues.</p>

Collaboration Area: Resource sharing continued

Issue	Collaboration Strategy
3. Fiscal resources continued	3.4 Have agencies and families explore options for using other resources such as Early Periodic Screening, Diagnosis and Treatment (EPSDT), insurance, RITE Care, etc.
4. Time for collaboration	<p>4.1 Examine schedules to see if time they can be adjusted to allow for collaborative activities at a time that is mutually convenient for all to the maximum extent possible.</p> <p>4.2 Seek funding for release time to work on special interagency projects.</p>
5. Getting support from decision-makers	<p>5.1 Clarify decision-making channels and timelines both within the interagency group and within each of the respective agencies represented. This allows this issue to be factored in from the beginning. Interagency policies should address which issues the interagency group can decide on its own vs. those issues that need to be passed by decisions makers outside of the interagency group.</p> <p>5.2 Keep decision-makers informed and solicit their input. This is an effective method for assuring that they will be more likely to accept recommendations when finalized.</p>
6. Before- and after-school child care	<p>6.1 Have schools and community centers work together to identify needs and strategies for child care before and after school. For example, establishing agreement that the Community Center will open at 6:30 a.m. for children to eat breakfast and to help with homework. The children then walk across street to school at 9 a.m. Homework is coordinated between school and Center during after-school care.</p> <p>6.2 Have schools provide before- and after-school programs.</p>
7. Summer services	<p>7.1 Provide summer camp programs.</p> <p>7.2 Provide services through parks and recreation and other community programs.</p> <p>7.3 Discuss the need for Extended School Services (ESY) at the time of the initial IEP or annual IEP review.</p>
8. Playgrounds	<p>8.1 Access the Rhode Island School of Design which works with agencies to help “green” the playgrounds.</p> <p>8.2. Explore community projects through Fleet Bank which provides stipends to begin projects.</p> <p>8.3 Pursue projects on an interagency basis to improve community playgrounds, e.g., to make accessible for people with disabilities, to provide a place for parents to meet, to provide a source of special adaptive playground equipment (at least one per community), to test for health hazards such as lead.</p>

Collaboration Area: Resource sharing continued

Issue	Collaboration Strategy
9. Respite care	<p>9.1 Access CASSP (mental health centers)</p> <p>9.2 Investigate use of Local Coordinating Councils (LCCs)</p> <p>9.3 Access Training through Placement (353-0224) which has the state contract for respite.</p> <p>9.4 The Developmental Disabilities Unit gives access to respite. (464-3421).</p>
10. Natural social opportunities for children with special needs (friends, play, parties, groups)	10.1 Develop a network among special education services and community agencies, especially the parks and recreation services, as a way to provide community-based opportunities.
11. Clarifying the relationship between agencies that provide early childhood services and other agencies, e.g., Department for Children, Youth and Families (DCYF) and Department of Human Services (DHS) social workers	11.1 Have Head Start, Early Intervention, and school systems (preschool special education), Department of Human Services, and the Department of Children, Youth and Families meet on a regular basis at the local level to clarify their roles.

Collaboration Area: Joint staff training

Issue	Collaboration Strategy
1. Joint staff training	<p>1.1 Offer workshops across agencies with common interests. Cross-agency training can be cost effective and can help assure that staff from multiple agencies have a common knowledge basis. Being trained together is also an excellent way for staff from various agencies to get to know each other better, building positive relationships that serve as a foundation for effective collaboration.</p> <p>1.2 Have school districts offer training on screening for staff from community programs (e.g., Head Start, child care) to assure that appropriate screening procedures for school district entry are understood and utilized</p> <p>1.3 Provide teacher mentoring and transition training from Head Start to school district services using round table discussions and providing a meal and baby-sitting. This facilitates sharing of information.</p> <p>1.4 Provide training for staff from all agencies who work with children with behavioral issues. This is a good example of a topic which can be addressed in joint training.</p> <p>1.5 Connect with the RI CHILDSPAN (Formerly RI Child Care Training System). Ask to be included on their mailing list to receive their mailings, newsletter and training calendar. They also have a resource lending library of training and instructional materials, including mobile units.</p> <p>1.6 Explore the use of the Child Care Support Network as a major resource for resource sharing and training.</p>
2. Knowledge of community agencies as well as skills for working together effectively	<p>2.1 Provide written materials containing this information, materials that could be helpful for both staff and families (depending on format) that will help increase their knowledge of the resources, limitations, terminology and responsibilities of the various agencies in the community.</p> <p>2.2 Provide cross-agency training at the local level for sharing information about agencies.</p> <p>2.3 Plan activities that require teamwork among agencies for relationship-building, e.g., joint training on conflict resolution.</p> <p>2.4 Pool monies across agencies for training among Early Intervention, Head Start and IDEA, Part C and IDEA, Part B. This is possible with no federal complications, assuming the expenditure is for an allowable cost.</p>
3. Professionals trained in mental health at the early childhood level	<p>3.1 Conduct joint training across agencies with families and staff, e.g., techniques to help children develop behavioral self-control</p> <p>3.2 Provide cross-agency training on ways to structure programs or modify curricula to provide opportunities for more appropriate behavior.</p> <p>3.3 Access the PSN for training in this area (1-800-483-8844).</p>

Collaboration Area: Joint staff training continued

Issue	Collaboration Strategy
4. Training of staff from all agencies in working with families where the parent(s) with unique needs	4.1 Collaborate on this training topic. 4.2 Have staff from one agency with expertise in this area provide consultation and / or training to other agencies.
5. Training in technology use	5.1 Access COZ / Family Centers which are sometimes resources for using computers to design agency or interagency brochures or flyers.

Collaboration Area: Confidentiality and records transfer

Issue	Collaboration Strategy
1. Interagency procedures for the sharing of information	<p>1.1 Negotiate procedures as part of the interagency agreement</p> <p>1.2 Develop an interagency universal release of information form acceptable to all. A number of communities currently use these. Contact the Department of Education or Early Intervention at the state level to get information on these communities. Then, contact these communities to get copies of these forms and/or consult with agencies in that community to learn how they overcame issues that are the basis for reluctance of some agencies to use a universal release.</p> <p>1.3 Develop a brochure on confidentiality, record transfer, rights, etc. that is family friendly and relevant to multiple agencies.</p> <p>1.4 Contact RIPIN for a more parent friendly version of procedural safeguards.</p> <p>1.5 Provide joint training to assure that all staff are familiar with confidentiality and records transfer provisions as it relates to other agencies.</p>
2. Making sure families agree to information included in children's records	<p>2.1 When parents are asked to give consent for evaluation, notify parent re: when this evaluation information will be available for review. Make sure that they understand their right to request a records hearing (not the same thing as an impartial due process hearing) if they are concerned about information included in a child's record and whether or not it should be removed or amended.</p>

Collaboration Area: Sharing child count data

Issue	Collaboration Strategy
1. Negotiate inter-agency procedures	<p>1.1 Negotiate timelines and procedures between the school district and community partners in which children on IEPs are being served. The school district needs child count data for children who have IEPs, regardless of service setting, in time for meeting child count reporting to the state. They need this on special education students served by or through the school district in community-based programs (Early Intervention, Head Start, child care).</p> <p>1.2 Develop a census collection method between community agencies and the school district. E.g., Establish a task force to address gathering child count data on children in community-based programs and to predict classroom needs for the following September.</p> <p>1.3 Access data from Early Intervention which gives monthly reports to school districts automatically. Southern Region Early Intervention has a model to sort this data.</p>